ADA “Intake Form”

**REQUEST FOR ACCOMMODATIONS AND SERVICES FORM**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UOG Student ID No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not Applicable

**Semester √**: Fall Fall Intersession Spring Summer A B C Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class √**: Freshman Sophomore Junior Senior Graduate. Visitor

**Major: Minor:**

**Projected Semester and Year of graduation:**

**Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City, State/Island, Zip)

**Mailing Address: Same as above**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City, State/Island, Zip)

**Check Mark Preferred Method for Contact**

**Home Phone** (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ -\_\_ \_\_ \_\_ \_\_ **Cell Phone** (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ -\_\_ \_\_ \_\_ \_\_

**UoG Email Address:**

**Email Address:**

**Date of Birth**: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_ **Social Security Last Four Digits**: \_\_ \_\_ \_\_ \_\_

**Emergency Contact 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_-\_\_ \_\_ \_\_ \_\_

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact 2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_-\_\_ \_\_ \_\_ \_\_

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Disability:**

**Other Disability(ies):**

**Do you have documentation of your disability? Yes No Submitted/attached**

**Type of Accommodation requested:**

* Priority registration for courses
* Extended Time on exam(s) and/or quiz(zes)
* Extended time on assignment(s)
* Alternative but equivalent Assignment(s)
* Preferential and accessible seating
* Note taking
* Sign Language Interpreter
* Use of Assistive Technology
* Emotional Wellness
* University Resources, services and programs
* Professor assistance, Please specify below
* Other, Please specify below

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Would you like Faculty Notification Letters (FNLs) prepared for your class(es), *which will be emailed to your instructors*?** YES\_\_\_\_\_ NO\_\_\_\_\_\_  **Provide a copy of your registration form, professor email addresses and indicate the course(s) you are requesting a FNL to be written.** |

**Have you received accommodations specific to your disability(ies) in the past?**

YES\_\_\_ NO\_\_\_

**Provide any additional information below :**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Received:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADA Staff**

Student Request for

Disability Accommodation and Services

(To be completed by Student )

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester and year first entered the University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your disability? Please specify the date your disability commenced and its expected duration. [Attach supporting document]
2. What is the reasonable accommodation(s) that you are requesting? Be as clear and specific as possible.
3. Please explain how the requested accommodation, aid or assistance measure will help you to attend the University and participate successfully in your degree program.
4. Please explain if there are **other** accommodations, aids or assistance measures which may assist you to attend the University and fulfill the requirements of your degree program.
5. If you are requesting for a Note Taker, Book Reader, and/or a Sign Language Interpreter, please indicate if you prefer to meet with your Service Provider on or before classes begins.

\_\_\_\_\_Yes \_\_\_\_\_ No

1. Are there any elements of your program of study that you cannot complete **without** the accommodation you are requesting? If so, please explain.
2. Are there any elements of your program of study that you cannot complete **even with** the accommodation you are requesting?

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request that the above accommodations be provided to me as a qualified student with a disability. I further understand that the University of Guam will reasonably accommodate individuals with disabilities, as defined by applicable law, if the individual is otherwise qualified to meet the fundamental requirements and aspects of the program of the University, without undue hardship to the University.

The information that I have provided is true, correct, and complete. I hereby authorize, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my treating physician and/or other related health care professional(s) to provide information regarding my condition to the University of Guam to assist in identifying and providing me with the accommodation(s) requested.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date